

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number 09/030,571		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend		
<div style="font-size: 4em; transform: rotate(-45deg); opacity: 0.5;">X</div>												
							11-16-05					
							Indep	Depend	Indep	Depend	Indep	Depend
							<div style="font-size: 4em; transform: rotate(-45deg); opacity: 0.5;">X</div>					
							74	1				
							75	1				
							76	1				
							<div style="font-size: 4em; transform: rotate(-45deg); opacity: 0.5;">X</div>					
							92	1				
							93	1				
							94	1				
							<div style="font-size: 4em; transform: rotate(-45deg); opacity: 0.5;">X</div>					
							Total Indep	1				
							Total Depend	5				
							Total Claims	6				

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/030,571

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	13						TOTAL DEP.						
TOTAL CLAIMS	4						TOTAL CLAIMS						